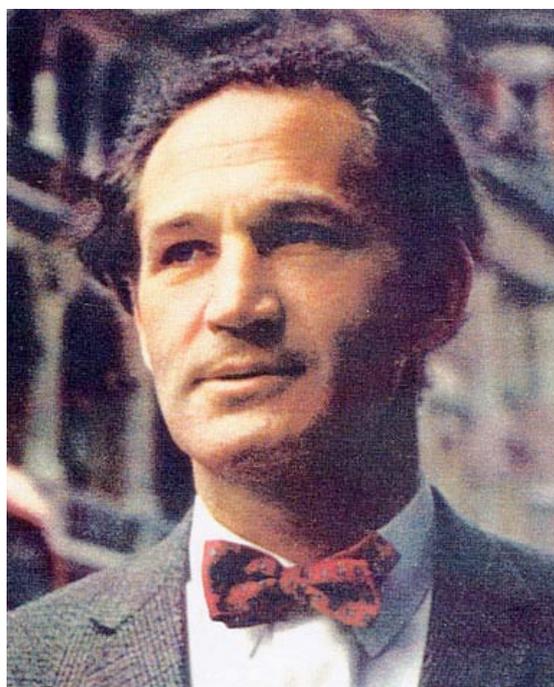


### *The 1970s*

In May 1970 Bill Asscher took over as secretary on the resignation of Norman Jones; from 1971 onwards he served the Association as its only secretary, which has remained the pattern since. At the same time also, Stanley Peart (b. 1922) became President (Figure 13). Peart had a remarkably productive career in several fields, beginning his research as a pharmacologist working on noradrenaline release with Gaddum and Marthe Vogt in Edinburgh in 1946, and then joined Sir George Pickering's team at St Mary's Hospital in 1950. There he was appointed professor of medicine in 1956 aged only 34, and served until 1987. His major work from 1950 was in the fields of renin and angiotensin and has retained an interest in this field until today; much of his other work has been in other aspects of hypertension. In 1955 he was able to publish the amino-acid sequence of angiotensin, at the same time as Leonard Skeggs (b.1918) in the United States, and the following year the structure of renin. For a period during the 1960s he co-ordinated a programme of cadaveric renal transplantation, in which St Mary's was a major pioneering centre in the United Kingdom, as well as being a pioneer also of peritoneal dialysis in this country.



**Figure 13: Stan Peart, President 1971-1974**

The first ordinary meeting of the Association outside London, as decided the previous year, was held in Newcastle in October 1970, and another in Portsmouth in October 1973, but all others continued to be held at the institute of Child Health. As the meetings finished at the end of the afternoon, the meeting was invariably re-convened in the "*Lamb*" opposite, for what rapidly became known as the second session of the meeting; given the stricter licensing laws of the day, on occasion the thirsty nephrologists had to wait outside until the doors opened to get their beer. Many voted these

informal sessions better than the main meeting, since ideas were swapped in brain-storming sessions which might go on all evening until closing time, and in the Summer even beyond, in the street outside.

Members had voted, 74 to 8, for an increase in the annual subscription from one guinea (£1.1.0) to the staggering sum of £2 beginning in 1971 (worth, however, about £35 today); but a motion to become a registered charity did not achieve the required two thirds majority, and the Association did not gain this status until 1987, to its detriment. The fee was further increased to £3 from 1977; the early 1970s saw the worst inflation (23% in 1973 alone) that Britain had experienced in modern times.

The meeting of February 1971 broke new ground, when “more than 200 members and guests” attended a symposium on Immunology and the kidney with the lead speaker the charismatic Frank Dixon of the United States. This re-started the tradition of major invited speakers, which had lapsed during the latter half of the 1960s- although Jules Traeger and Gabriel Richet (b.1916) from France, Sergio Giovannetti (1922-2000) from Italy, Paul Michielsen from Belgium and Klaus Thureau from Germany had all presented papers within the general programmes of the Association between 1963 and 1969. This fall-off in the numbers of international speakers was undoubtedly a result of the multiplication of national and international societies of nephrology during the 1960s discussed above.

This problem of maintaining distinguished speakers was solved during the 1970s by the endowment of two named lectures: the Osman lecture, endowed by Mrs Ruth Osman, widow of the first President and founding member of the Association who had died in 1972; and the Chandos lecture, endowed through the National Kidney research fund by its patron, Lord Chandos. The first Osman lecture was given in May 1974 by David Baldwin of New York, and the first Chandos lecture in May 1976 by Larry Earley of Chapel Hill, NC. Subsequent Osman and Chandos lecturers are given in Table 5.

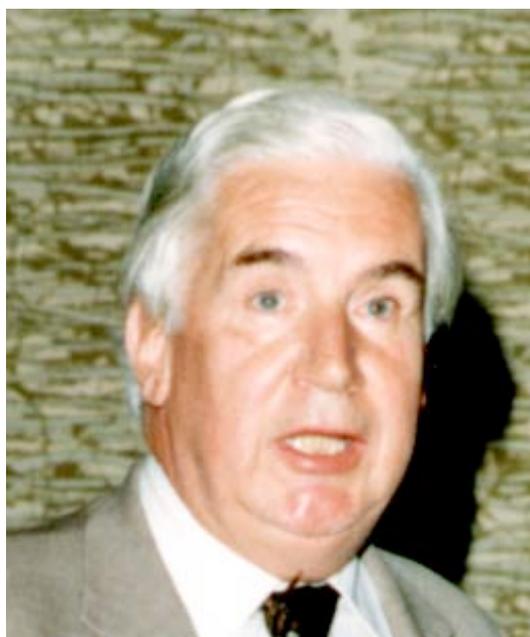
The international links of the Association were boosted in February 1973 and May 1974 when joint meetings were held with the French society of Nephrology. The first meeting was held in London with a programme provided in English by the French-speaking nephrologists. More difficult was the return meeting, with British nephrologists giving their papers in Paris in French ! However led by Hugh de Wardener, the Association gave a good show.

Hugh de Wardener (b.1916) (Figure 14) who became president in 1974, is perhaps the single most influential nephrologist the United Kingdom produced in the twentieth century. He qualified in 1939 and entered the RAMC, spending much of the war interned by the Japanese under appalling conditions, but by 1950 had returned to St Thomas' hospital as a lecturer, where his early work was done. During the 1950s he wrote a magnificent early text on the whole of renal physiology and disease, because - he has

stated - he needed the money. The result was a lasting monument to British nephrology, however [27]. In 1962 he was appointed Professor of Medicine at Charing Cross Hospital, and remained in this post until retirement in 1981. His early work was on urinary concentration and electrolyte handling, but in 1955 he took up renal biopsy and published several influential papers in this field, before returning to salt and water in relation to blood pressure, a field which has occupied him ever since. Unlike many other academic physicians, during the 1960s he played a major role in introducing and shaping the introduction and expansion of long-term dialysis in the United Kingdom, as noted above.



**Figure 14: Hugh de Wardener, president 1974-1977**



**Figure 15: Jim Robson, resident 1977-1980**

A further sign of a real change from a purely scientific Association came in 1975, when in response to independent suggestions from Netar Mallick and myself, the Executive commissioned a survey of manpower in renal units. At that time nephrology was not recognised in the Ministry of Health official statistics, so no information was available on manpower, despite its recognition as a specialty by the RCP in 1967. The secretary Bill Cattell, together with Norman Jones now representing the College of Physicians, was given the unenviable task of designing the forms and squeezing data out of the renal units, and suffered much semi-serious abuse and criticism as a result, much of it the *Lamb* after the meetings of the Association. Hitherto, virtually all matters which could be regarded as “political” or “practical” in nature were dealt with through the Royal College, whether higher medical training under their Joint Committee on this, or manpower through their Nephrology sub-committee. This manpower report was published [28] and represented a major initiative by the Association to document, objectively, provision of renal services throughout the UK.

---

In retrospect it was inevitable that more and more requests would come directly to the Association for its views or representation on questions of professional conduct, or practical matters in the delivery of health care in the renal field, and specifications for pharmaceuticals and dialysis fluids. The

---

**Table 5: Osman and Chandos lecturers**

**Osman lecturers**

- 1975 Dave Baldwin (USA):  
 1977 David Kerr: Renal bone disease: the effects of dialysis and transplantation  
 1979 Jonas Bergstrom (Sweden) : Uraemic toxicity  
 1981 Hugh de Wardener: Natriuretic hormone  
 1984 Robert Schrier (USA): The cell biology of ichaemia  
 1985 Netar Mallick: Sapiient glomerulopathies, or how far since Ellis ?  
 1987 (Oct) Philip Hoedemaeker (Netherlands): New developments in experimental glomerulonephritis.  
 1990 Andrew Rees: rapidly progressive glomerulonephritis: from pathogenesis to treatment  
*(no lecturers were appointed 1991-1994)*  
 1995 Gerry Coles: CAPD – a critique  
 1997: Robert Lechler: Overcoming the obstacle to successful long-term transplantation  
 1999: Nick Hastie: Wilms’ tumour- a case of abnormal nephrogenesis: multiple roles for the Wilms’ tumour suppressor WT1

**Chandos lecturers**

- 1976 Larry Earley (USA): The development of the concept of control of sodium reabsorption by physical factors  
 1978 Charles Cochrane (USA): Mediation of glomerular injury  
 1980 Barry Brenner (USA): The physiological basis of glomerular filtration  
 1982 Michael Mauer (USA):The glomerular mesangium in diabetic nephropathy  
 1986 Saulo Klahr (USA): The effects of urinary obstruction  
 1988 Ramzi Cotran (USA). Endothelial activation in vascular injury  
 1991 Herman Waldmann: Prospects for transplantation tolerance  
*(1992-1995 no lecturers appointed)*  
 1996 Marc de Broe (Belgium): Recovery from injury in the kidney  
 1998 Stuart Shankland (USA): the role of cell cycle proteins in glomerular disease.  
 2000 Mark Pepys: prognostic and pathogenetic significance of C-reactive protein
-

more serious matter however was that, following the encouraging start with the setting up of regional renal units in the mid- to late 1960s, nothing further had been done, no further units were opened for almost 20 years. In addition, funding was transferred early on to poorly-informed and poorly-resourced local tiers of management, which themselves were repeatedly re-organised. During the 1970s Britain fell behind the rest of the developed world in the provision of services for end-stage renal failure, especially dialysis places and numbers of patients dialysed, although transplantation was relatively successful and available. In protesting this, however, the Renal Association played little or no part during the 1970s, protest coming from patient groups and individual physicians, who drew the attention of successive ministers of health and cohorts of department officials to the inadequate provision [29].

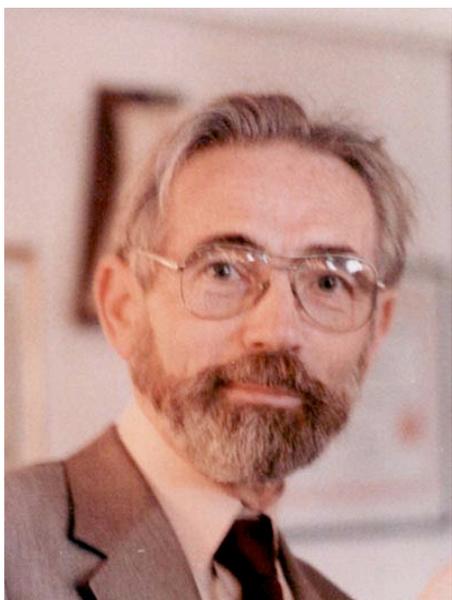
Jim Robson (b.1921) (Figure 15) succeeded de Wardener as President of the Association in 1977. Robson came relatively late to a career Nephrology, having spent time in Boston working in gastroenterology. However, he had long had an interest in the kidney, his first papers on renal physiology dated from as early as 1949 [30]. Only in 1958 was he driven, together with the Professor of Surgery Hugh Dudley and Anne Lambie (another student of the Boston school), to start haemodialysis for acute renal failure in Edinburgh. Robson has the advantage over most renal clinicians of being married to a renal pathologist, Mary MacDonald, which powerful team produced many papers, particularly on glomerulonephritis.

## *Part II: The 1980s and 1990s*

By 1976 the Association had 361 members, and at the end of its first 30 years of existence more than 400; it now occupied a firm place in the national and international medical scene. A successful bid was submitted for the EDTA meeting to be held in London in 1983, and an application for the ISN meeting in 1987 had been tabled.

David Kerr (b.1927) (Figure 16) became president of the Association in 1980. An Edinburgh graduate, he first studied liver disease with Dame Sheila Sherlock at the Hammersmith hospital, then going North began working with dialysis patients in the late 1950s in Newcastle, spending the next 25 years there, mostly as professor of medicine. He worked on a broad range of nephrological topics, but most notably in dialysis and in the bone disease of renal failure. The latter study led to the discovery of the aluminium-related bone and neurological disease which ravaged units whose water supplies had been treated with this agent during the late 1960s and early 1970s, including Newcastle. Towards the end of his period as President of the Association, he came South again to become Dean of the Royal Postgraduate Medical School.

He was succeeded in 1983 by Mary (Mollie) McGeown (Figure 17) (b.1923), the only woman president of the Association to date [31]. Born, trained and practising in Northern Ireland, she became an icon for medicine there. She



**Figure 16: David Kerr, President 1980-1983**



**Figure 17: Mary (Mollie) McGeown President 1983-1986 (Neill studios)**

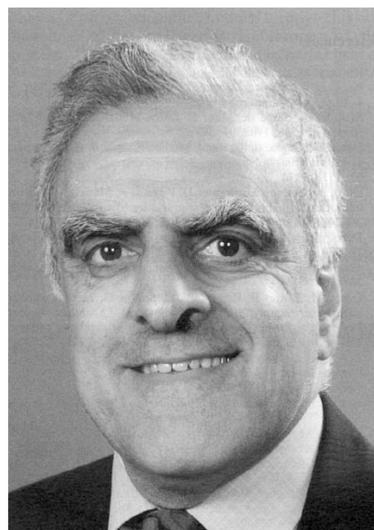
came to the study of renal disease in 1953 through an MRC grant to study renal stones, after working in pathology then in obtaining a PhD in biochemistry. Graham Bull, after he had left the Hammersmith for Belfast, helped her career, and later in 1958 when he wanted to start a dialysis unit not being attracted to dialysis himself, and knowing her interest in and knowledge of the biochemistry and management of renal stones, asked her to take this on. Thus the Belfast renal unit was founded (which is now named after her), which had a major influence in British nephrology, particularly in the areas of stone disease and transplantation, in which are a number of new approaches were pioneered.

In 1983 the Association hosted the EDTA-ERA and EDTNA meetings at the Barbican, with the outgoing President of the association David Kerr as Congress president; Frank Goodwin, previously secretary of the Association from 1978-1982, was secretary of this enterprise also. The first major international renal meeting of the modern era in the UK was counted a success, and the experience was invaluable for the second large meeting of the decade, the ISN meeting held in 1987 in the same venue. In 1978 the Association had put in a bid to host the 1987 meeting of the International Society of Nephrology, then held every three years. Until its 1981 meeting in Athens, the ISN had solicited and accepted applications to hold its meetings from individuals, who were then responsible for the local organisation and the scientific content of the meeting. Now in Athens for the first time the ISN Council reviewed applications solicited from national societies. The Renal Association bid, presented by Goodwin, was accepted on a warm feeling for the idea of a meeting in London, even though the submission contained almost no details, including who would be the officers responsible for the meeting, and only the sketchiest of budgets ! However a team was assembled with myself as President, David Kerr and Keith Peters as Vice-Presidents, and the meeting held very successfully in the labyrinth of the Barbican centre in

July 1987, despite considerable odds against: these included the dissolution of the professional company retained to help organise it, an unfavourable 50% change in the value of the dollar against the pound between 1984 and 1987, and the tragic fatal illness affecting Frank Goodwin, who again was secretary of the Congress. At that time the hosting Association took unique financial responsibility (which caused much worry during the preparations for the meeting), but a handsome profit was made as attendance (3500) and submitted abstract (2601) records were broken. The persisting lack of charitable status, however, debarred the Association from receiving any money at that time and steps were begun to achieve this goal, which resulted in the Renal Association being formed into a limited Company in 1988, which



**Figure 18: Bill Asscher, President  
1986-1989**



**Figure 19: Netar Mallick, President  
1989-1992**

in turn was registered with the Commissioners as a charity. In 1985 major changes in the frequency and site of meetings were begun. The event of February 1985 was the last at the Institute of Child Health, which had housed the meetings of the Association since 1967. New venues were investigated by the secretary Gwyn Williams (b.1939), ex-secretary now President Bill Asscher (b.1932) (Figure 18) and the executive, including the Barbican and the College of Physicians in London. Also from 1986, after the original suggestion to the executive by Victor Parsons (1929 -1995), a ballot was held which favoured cutting number of meetings from three to two per year, with each Spring meeting held outside London – starting in 1986 in Leeds, then 1987 in Exeter (see Table 6).

This pattern of twice-yearly meetings, one in London and one elsewhere has remained until the time of writing, although it remains the subject of regular discussion and overview. The 1980s saw also a major increase in the number of papers at the Association's meetings. In the 1970s, 240 papers were presented during the whole decade: in 1980-84 155 were presented, including (at last!) two dialysis-related symposia, and in 1985-89 a further 200 or more.

From 1982, one meeting a year was designated as a joint meeting with the British Association of Paediatric Nephrology, which had been founded in 1973 and had already published reports on the treatment of renal failure in children [32]. In 1981, the Association considered whether it should sponsor a British Journal of Nephrology, but members voted by a show of hands against the idea.

---

**Table 6: Venues of biannual meetings 1985-2000:**

February 1985	Institute of Child Health
May 1985	RCP London
October 1985	Institute of Child Health
.....	
May 1986	Leeds
October 1986	RCP London
May 1987	Exeter
October 1987	RCP London
May 1988	Belfast
October 1988	RCP London
May 1989	Glasgow
October 1989	Amsterdam (with Dutch Society of Nephrology)
May 1990	Manchester
October 1990	RCP London
April 1991	Birmingham
October 1991	RCP London
April 1992	Sheffield
October 1992	Barbican Centre, London
April 1993	Leicester
October 1993	Barbican Centre, London
April 1994	Edinburgh
October 1994	University College, London
April 1995	Newcastle
October 1995	University College, London
April 1996	Oxford (meeting with Dutch Society of Nephrology)
October 1996	RCP London
March 1997	Cardiff
October 1997	RCP London
March 1998	Bristol
September 1998	Westminster Hall, London
April 1999	Dublin
October 1999	RCP London
April 2000	RCP London
September 2000	Cambridge

Throughout the 1980s an important question began to loom greater than ever before: should the Association remain purely a forum for exchange of scientific and clinical information, or should it enter in a major way a more and more politicised world of health policy and management? This question

polarised the membership throughout the decade. What turned out to be a majority favoured becoming even more embroiled in the difficult areas of health policy, provision of renal services, training and related topics, on the grounds that if it did not do so, there would be no adequate voice. Besides, as the account above shows, from the mid-1960s onwards the Association had, without deliberately seeking this role, played a greater and greater part in these matters nationally.

Already tentative and successful essays in this direction had been made in this direction by promoting the surveys of chronic renal failure in Northern Ireland and Scotland in 1968-70 [33] and the nephrology manpower surveys of 1967 and 1976 [28]. In 1984 a committee was set up, chaired by the President Mollie McGeown, to plan further surveys of the incidence and prevalence of chronic renal failure in the light of low intake figures compared with the rest of Europe. However others argued that all these topics were the responsibility of the Royal Colleges, who already had considerable political clout, specialist committees including one on renal disease formed in 1980, and a joint committee on higher medical training since 1970 with an advisory committee on Nephrology in place. In the end, the opposing view prevailed, and led by successive presidents Mollie McGeown, Bill Asscher and especially Netar Mallick (b.1935) (Figure 19) president 1989-1992, the Association plunged into the maelstrom; the full consequences of this decision were met fully only in the 1990s.

In addition a joint committee together with the London Royal College of Physicians and the British Diabetic Association examined the growing problem of renal failure in diabetes, and this reported in 1986 and 1988 pointing to the growth in numbers affected and the shortfall in treatment, particularly for type II diabetics [34]. By this time also the results of the further studies on the community incidence of chronic renal failure in several areas of the United Kingdom, funded by the NKRF and promoted by the Association had reported, which led to several publications of great practical and scientific importance [35]. Also from the beginning of the decade a group advised the Ministry of Health on dialysis equipment.

Another area which gave increasing – and surprising – cause for concern throughout the 1980s was a decline in academic nephrology. The cradle of British nephrology in the 1950s and 1960s had been the academic medical unit in a university hospital and nephrology's academic links initially seemed secure. However, by the late 1980s there was only a single professor of nephrology in the whole United Kingdom, and almost no involvement of medical units in nephrology. Bill Asscher as immediate past president headed an academic sub-committee- the first of many to be formed by the Association during the next decade – to report and advise, and give academic nephrology a higher profile [36].

Matters relating to manpower in Nephrology had, in practice, stagnated throughout the decade - despite many exchanges between the college, the

Association and the government departments ; information was still inadequate, and the number of training posts too low and poorly characterised, despite another survey by the RCP and the Association which reported in 1983 - to no-one's surprise - a marked increase in workload, and only a modest increase in manpower since 1976. By 1989 the membership stood at 430, and the decade ended with the second venture abroad- a joint meeting with the Dutch Society of Nephrology, with whom we had always shared a number of members and interests. A very successful meeting was held in October 1989 in Amsterdam.

The family of Robert Muehrcke, who had spent 1956 in London at the Hammersmith Hospital and introduced renal biopsy to the United Kingdom, endowed in 1987 a scholarship for a young nephrologist to visit the United States and attend the ASN meeting. The first recipient was Tony Raine, sadly lost to us in 1997.

### *The 1990s*

At the beginning of the 1990s, to reflect changing circumstances, the composition of the Executive committee was revised. Hitherto only London and "provincial" representatives had been elected. Now the President of the BAPN was made an *ex officio* member, to make evident the close relationship between the two Associations, although paediatricians had been represented on the executive in an informal way for a decade or more. In addition, a representative of Renal Registrars was co-opted from their Club and the chairs of the growing number of sub-committees (see below) were made *ex officio* members.

Thus the Association entered the 90s with a major commitment to its political as well as its scientific role. First, the dramatic success of erythropoietin, plus its high per-patient cost led to the Association drafting recommendations for its use which were eventually accepted by the Department of Health. During this period an increasingly close relationship was developed with the various government agencies, at a professional and in many instances a personal level. Next both a Standards and Audit sub-committee and a sub-committee on provision of renal failure services were formed. The latter, chaired by president Netar Mallick, produced a report in 1991 on Provision of services for adult patients with renal disease in the United Kingdom [37] (familarly known as the "blue book" from its cover) which provided a template for the next several years. This led directly to the Department of Health's Renal Review of England and Wales, published in 1996, again chaired by Netar Mallick: past President David Kerr and Stewart Cameron (b.1934), president from 1992-1995 (Figure 20) also represented the Association in the Review. Cameron was the first elected President, the executive having decided in 1991 to devolve this decision to a general vote of the membership, but the appointment of secretary was retained with the executive committee.



**Figure 20: Stewart Cameron  
President 1992-1995**



**Figure 21: John Walls  
President 1995-1998**

Bill Asscher's Academic Sub-Committee sponsored a meeting on "Priorities in renal research" which was held at Guy's Hospital in December 1992, aiming to inform grant-giving bodies and the Department of Health, and to publicise the need of more research into renal disease. It identified clearly that the most productive units were those which had within them the greatest involvement from basic PhD scientists – a vital finding for the subsequent funding and organisation of research, and training for a career in clinical research. The Standards and Audit committee of 1989 was slower to bring a document to fruition than the manpower committee, but now the Standards document, whose first edition (Chaired by Ram Gokal) and second edition (chaired by Stewart Cameron) appeared in 1995 [38] and 1997 [39], and is under revision yet again for 2001 under Alison MacLeod in response to changing information and rising goals.

At the beginning of the decade, a sub-committee was established also to examine the possibility of a national Renal Registry. This task hung around as unfinished business for some years, but the need was exacerbated by the relative collapse of the ERA European registry in 1995. Only in 1996 was the registry under the guidance of Terry Feest got off the ground, and its first reports appeared in 1998 [40] and 1999 [41]. Now it is difficult to see how we functioned without it.

All this work increased the costs of the Association greatly. By the beginning of the 1990s the finances of the Association were in such a poor state they had to be boosted in 1991 by a one-off "whip-round" of £ 200 per renal unit ! Further vital support came with annual donations from the NKRF and the Kidney Foundation in Cardiff. Clearly this state of affairs could not be allowed to continue, and it was agreed to begin charging a modest registration fee for attendance at the Association's meetings. The first meeting of the Association ever to show a profit was only that in Sheffield in 1992, and

in that same year when at last the accounts of the 1987 ISN meeting were closed, this also produced a profit. In 1991 the idea of corporate membership from industrial companies was floated and after intense discussion accepted, although this idea was not finally implemented until 1995; since then the finances of the Association have been on a secure basis. The medical world is now a much, much more complicated place than even a few years ago: the difficult period of major re-organisation in medical training, with the introduction of the specialist registrar grade were master-minded into position for nephrology by presidents John Walls (1995-1998) (Figure 21) himself a regional post-graduate dean, and Gwyn Williams (1998-2001) (Figure 22) immediate previous chairman of the NKRF. In 1996 Tim Goodship succeeded Chris Winearls as secretary, both having to tackle a workload in the post of such size and complexity that past secretaries could only wonder at. Because of this, from 1994 onwards discussion began about setting up a permanent secretarial office using a professional agency, now that the finances of the Association could permit this. In 1997 this was put into effect using the firm Triangle 3, which arrangement continues to the present day. In 2001, Andy Rees (like Williams from the post of President of the NKRF) takes over as President, with Adrian Woolf of University College London as secretary from 2000.

The main work of the Association, despite all these changes, remains still the exchange of information on all aspects of kidney development, function and disease, and its main vehicle its (now) twice-yearly meetings and occasional free-standing symposia. The pattern of meetings set during the 1980s in general proved satisfactory (although kept under constant review), and the scientific quality of the papers has risen greatly both in number and quality - some would say to the detriment of the more clinical papers, which provide the bread and butter information of clinical practice. It has always proved difficult to keep this balance right, as the record of the past 20 years shows, and the fact that there is continual comment and criticism is a good sign, indicating that the membership are involved and active in their society's affairs. The number of presentations has been increased first, by the introduction of poster sessions in 1993, and then (after much heated debate) parallel clinical/basic sessions in two rooms in 1998. Paper selection, rather than the phoning round to solicit material as in the 1970s, had become the rule in the 1980s. At first the secretary undertook this task alone, but from 1988 a sub-committee has been convened for each meeting. One hundred and five carefully-selected posters and papers were presented in the meeting of April 1999 in Dublin, and in October 1999 - the last meeting of the century, in London - 95, as well as invited symposia and lectures; almost as many in a single year as in the whole decade of the 1970s. Membership stood at 648 at the end of the first 50 years of the Association's existence.



**Figure 22: Gwyn Williams, last president of the Association in the 20<sup>th</sup> century**

### **Envoi**

It is difficult to know what Arnold Osman, John Sophian and Kenneth Franklin might think of the present Renal Association of some 650 members with packed two-day meetings rather than leisurely afternoon gatherings of a handful of friends. Probably the changes in the type of material presented would amaze them more than the quantitative changes in their Association. When they met first, effective diuretics and hypotensive agents were not available and transplantation was unheard of, whilst dialysis remained an experiment even in acute renal failure: controlled trials were a brand-new idea, and radio-labelled compounds in medicine and research a hot new topic. Renal biopsy had been done, but was almost unknown. Antigen localisation, electron microscopy and immunoassay did not exist, immunology was still primitive. Renal functions were assessed by study of the whole kidney, the smallest unit available for investigation. Of those involved in the beginning of the Association in 1950, Gordon Wolstenholme is fortunately still with us to see what the last half century has done with the ideas he and Franklin and the others hatched over dinner in 1950. We can only hope that the centenary of the Renal Association in 2050 will be celebrated in as happy a fashion as this first half century has been.

## **Acknowledgement**

I would like to thank Jackie Hicks, Research Co-ordinator in the Renal Unit at Guy's Hospital until this year, for her invaluable help in chasing down much material which appears in this history.

## Appendix 1

### The 91 papers presented to the Renal Association during the 1950s

#### 1950

March 1950	DF Ellison Nash	Form and function in the renal tract- review and prospect
July 1950	HW Smith	Development of physiology of the kidney
October 1950	C de Muylder & El Azfoury	Innervation of the kidney

#### 1951

January 1951	AM Miles	Some aspects of the fetal kidney
	CE Dent	Certain aspects of tubular function
	EB Verney	The neurohypophysis and the kidney
April 1951	KJ Franklin	The kidney and the circulatory system
	A Telford Govan & McGillvray	Renal changes in obstetric shock
	AH Galley	Spinal anaesthesia and the kidney
June 1951	EM Darmady & D Richardson	Nephron dissection with special reference to acute renal necrosis
July 1951	SE Bradley	Renal haemodynamics and electrolyte excretion with special reference to the harbour seal
October 1951	MG Eggleton	Alcohol and the kidney
	AG Marshall	Aberrant renal arteries and hypertension
	J Black	The biochemical origin of some renal stones

#### 1952

January 1952	J Hamburger	Disorders of cellular hydration
	S de Navasquez	Experimental pyelonephritis
	M Derot	One hundred cases of anuria personally treated.
April 1952	WJ Dempster	The nature of the disintegration of homo-transplanted kidneys in dogs
June 1952	HE de Wardener & BE Miles	Autoregulation of the renal circulation
	E Baldwin	The evolution of excretory function
	WW Payne	The treatment of nephrotic oedema
September 1952	JGG Borst	Electrolyte and water balance from the renal angle
October 1952	MH Roscoe	Function of the kidney in experimental renal failure
	F Wemyss Smith	Structure of the kidney in experimental renal failure
	R Platt	An overall review of the work on experimental renal failure

#### 1953

January 1953	AW Wilkinson	Biochemical changes after transplantation of the ureters
	D Innes Williams	Long term results of transplantation of the ureters for ectopia vesicae
April 1953	H Wirz	The osmotic work of the mammalian kidney
July 1953	Symposium on "The kidney" (see Table 3)	
October 1953	EB Verney	Discussion on "Emotion and the kidney"
	BE Miles	
	AAG Lewis	

#### 1954

January 1954	RV Sellwood	Factors in the excretion of sodium
April 1954	IH Griffiths	Renal arteriography
	R Gaunt	Studies on an experimental "eclampsia-like" syndrome
June 1954	C Wilson	The classification of nephritis

October 1954	J Hamburger RA Dale VD Eisen	The classification of nephritis The adrenocortical control of sodium and potassium metabolism Studies of renal potassium excretion in the adrenalectomized rat
1955		
January 1955	D Innes Williams & RCB Pugh SW Stanbury & MD Milne	Renal hypoplasia Potassium-losing renal lesions
April 1955	LI Woolf EM Darmady F Stranack	Amino-aciduria associated with renal disease A general review of the value of micro-dissection of the kidney in relation to biochemical changes
July 1955	A Leaf O Wrong	The control of the volume of body fluids The control of the volume of body fluids
October 1955	LN Pyrah G Wilson & AD Care BT Murphy	Renal calcification and calculus formation The use of polysodium metaphosphate in the prevention of bladder calculi in the rat Crystallographic methods applied to the study of renal stones
1956		
February 1956	DAK Black and EW Emery EN Allott WM Macdonald	Renal handling of <sup>42</sup> K Hyperelectrolytaemia in relation to cerebral lesions Congenital pitressin-resistant diabetes insipidus of renal origin
April 1956	P Lindop AM Joeke & T Freeman R Muehrcke	The renal effects of hypotensive anaesthesia in the aged Nephrotic proteinuria: a tubular lesion Serial renal biopsy: studies of patients with the nephrotic syndrome
June 1956	Symposium on hypertension: S Locket. M Floyer. C Wilson	
October 1956	V Hall J Rhodin TS Lees	The minute functional anatomy, organization and development of the capillaries of the renal glomerulus of rat, rabbit and man Studies of the nephron ultrastructure in mouse, goosfish & dogfish Correlation of structure and function in the mesonephros and metanephros of the rabbit: an electron microscopic study
1957		
January 1957	SW Stanbury CE Dent	Azotaemic renal osteodystrophy Azotaemic renal osteodystrophy
May 1957	JP Merrill WJ Dempster	Homotransplantation of a kidney in the human The cause of functional arrest of homotransplanted kidney
June 1957	JR Elkington O Wrong & HS Davies	The renal response to acute acid-base disturbance The excretion of acid in renal disease
October 1957	TM Chalmers, EM Darmady, VD Eisen, FTC Harris. MD Milne HE de Wardener & F del Greco.	Renal effects of potassium depletion Primary aldosteronism Certain factors concerned in the final concentration of the urine

## 1958

- February 1958 WJ O'Connor Comparison of some factors which affect sodium excretion in conscious dogs
- MF Lockett Action of isoprenaline on the kidneys of conscious rats
- PH Sanderson Mechanisms of calcium nephropathy in rats
- Darmady EM, Stranack F. Histological changes seen in potassium-depleted rats
- Lewis AAG, Watson F, Weale FE. Preliminary report on the use of an Alwall kidney in dogs
- J de Graeff Severe potassium depletion following the use of purgatives
- April 1958 Gauer O, Henry JP. Studies on the mechanism of blood volume control
- P Anthonisen, Raaschou F, AC Thomsen. The diuretic response to isotonic and isoncotic intravenous infusions in man (Effect of ventilation on renal excretion of water and electrolytes) (title not available on abstract)
- Bull GM
- July 1958 Hutt MSR, Pinniger JL, de Wardener HE. Acute glomerulonephritis
- J Hardwicke The nephrotic syndrome
- RH Heptinstall, AM Joekes. Focal glomerulonephritis
- October 1958 CJ Hodson Blood supply to the kidney
- D Edwards Movements of the urinary tract (film)
- P Balint Certain aspects of renal denervation in relation to acute renal failure

## 1959

- January 1959 P Alexander, DA Nixon, Widdas WF. Renal function in the sheep foetus and gestational variations in the composition of foetal fluids and urine in the sheep
- RA McCance Problems in pre-natal renal function
- April 1959 KJ Ullrich The role of the renal medulla in concentrating urine and regulating acid base balance
- KA Barclay, RF Crampton, DM Matthews. Some observations on the chemical composition of the cortex and medulla of the kidney and their correlation to mechanisms of urinary concentration
- DAK Black, EW Emery, AH Gowenlock, Riddell AG. Electrolytes (Na and K) in serial slices of the dog kidney
- June 1959 MD Milne Excretion of indolic acids and its application to Hartnup disease
- GC Kennedy, R Parker, C Flear. The relation between chronic potassium deficiency and senile kidney changes in the rat
- October 1959 JF Soothill The theoretical and diagnostic value of relative protein clearances, immunochemically determined, for seven serum proteins
- T Freeman, AM Joekes, AS McFarlane, CM Matthews. Studies on <sup>131</sup>I-labelled albumin metabolism in adult patients with a nephrotic syndrome

## Notes and references

1. Sources: This history has been based largely upon a number of unpublished sources:

First, the *minute books* of the meetings of the Association, complete from 1950 to present; *abstracts for the papers presented* are available from 1952 onwards.

Second, the *minutes of the executive meetings* of the Association from 1950 to present. Before 1990, only a limited amount of *correspondence*, almost all from the 1980s onwards, has been kept. Abstracts of the Association meetings have been published from 1963-71 in *Nephron* and from 1971 in *Kidney International*, as well as in the programmes of the meetings.

Third, the oral and written memories of many of the officers and members of the Association, some unsolicited, most in reply to enquiries; some have been cited specifically in the text. I would like to thank in particular Sir Gordon Wolstenholme, without whose testimony the events of the 1950s would have been woefully incomplete; Nancy Spufford, archivist of the Novartis (formerly the Ciba) Foundation gave valuable assistance with this period also. Recent secretaries of the Association helped to assemble complete sets of minutes and programmes.

Fourth, my own personal recollections and notes of the Renal Association as a member from 1966, a member of the Executive from 1968 to 1971, member of the SAC in nephrology during the 1970s and as President of the Association from 1992-1995.

Deceased officers of the Association almost all have their obituaries published in *Munk's Roll* of the College of Physicians of London, the *British Medical Journal* and sometimes the *Lancet*, and some in national newspapers. Some also have extended biographies in the *Biographical Memoirs of the Royal Society* and the *Dictionary of National Biography*. I have not specifically referred to these widely available sources.

2. Richet G. La Société de Pathologie Rénale (1948-1959). *Néphrologie* 2000; 21: 23-26.

On February 21<sup>st</sup> 1949, after a preliminary business meeting on November 23<sup>rd</sup> 1948, a group met in the apartment of Professor André Lemierre (1875-1956) at 29, Boulevard de Courcelles for the first séance of what was called the Société de Pathologie Rénale. However, a look at the papers presented on that occasion - printed in full in the *Journal D'Urologie* Vol 55 of 1949 - shows that the name chosen was much more restrictive than the range of papers presented which was much wider than the name chosen would lead one to suppose: all aspects of what then constituted nephrology were discussed, and not just renal histology as the name might imply, at least to Anglo-Saxon ears.

However the Société de Pathologie Rénale was only formally constituted on 16<sup>th</sup> March 1950, a few days before the Renal Association formally came into being at its first meeting on 30<sup>th</sup> March 1950. Finally, after a decision taken in 1959, on 20<sup>th</sup> January 1960 Marcel Legrain as president registered the changed name of the Société to the “Société de Néphrologie”. This has never been simply the national society of France, but has always had members from all the Francophone countries in Europe and Africa.

3. Bywaters EGL, Joekes AM. Artificial kidney: its application to treatment of traumatic anuria. *Proc Roy Soc Med* 1948; 41: 420-426. They were the third team to use the artificial kidney - only Kolff and Alwall preceded them, since Gordon Murray's first dialysis in Toronto was later in 1946 than the first at the Hammersmith.

4. Trueta J, Barclay AE, Daniel PM, Pritchard MML, Franklin KJ. *Studies of the renal circulation*. Oxford University Press, Oxford 1947. This book (and its authors) is almost forgotten today, but was much discussed in the 1950s.

5. The key role of the Ciba Foundation in the formation and running of the Renal Association is evident throughout this account. For an account of this remarkable body, see Lee K, Spufford NG. *Portrait of a foundation: a brief history of the Ciba Foundation and its environment*. Ciba Foundation, London, 1993.

6. The Ciba records give 27 names, but the Renal Association minutes say “30 members were present”. A surprising name was the noted haematologist Herman Lehmann, a fugitive from Germany in 1936 who became a world authority on haemoglobinopathies in the 1950s (See Pyke D. Contributions by German émigrés to British medical science. *Q J Med* 2000; 93: 487-495). I am grateful to John Soothill for explaining that Lehmann was, in 1950, a medical registrar at Pembury hospital, and was almost certainly bought along by Osman. Lehmann was appointed as lecturer to Bart's the following year.

7. Cameron JS. Arthur Arnold Osman (1893-1972): a forgotten pioneer of nephrology. *Nephrol Dial Transpl* 1997; 12: 1530 - 1534.

8. Hamburger J. La naissance et essor de la Néphrologie. *Néphrologie* 1980; 1;1-2. Hamburger cites the French dictionaries of Boiste in 1803 and Morin in 1809 as including “néphrologie”. However he was wrong in stating in his opening sentence “on ne trouve nulle part trace du mot NEPHROLOGIE dans les textes traitant des maladies du rein.” Later, in suggesting it spread from France to other countries in 1960, he neglects its prior use not only by Osman in 1945, but also in Italy in 1954 (Minerva *Nefrologica*) and in 1957 (Società Italiana di *Nefrologia*)

9. Osman AA. Medical diseases of the kidneys. I Nature and varieties of Bright's disease. *Nursing Mirror* 1945; Nov 10, 79-80; 2 Varieties of Bright's disease. *ibid* Nov 17 pp 101, 106; 3. Management of Bright's disease. *Ibid* Nov 24

p 1232-124. In each of these articles Osman described himself as "Honorary Nephrologist, Children's Hospital, Hampstead".

10. A Osman FRCP. *The science and practice of nephrology*. Throughout this typescript (kindly supplied by Mrs Rose Osman) Osman uses the terms "nephrology" and "nephrologist" frequently. It was not published as far as I am aware but clearly was intended to be so, as the length (10 650 words) is carefully appended. Internal evidence suggests a date of about 1948, and it may have been written for submission to Guy's hospital in that year; his request for a Nephrology unit there was turned down.

11. Fogazzi GB. Archivi storici della nefrologia Italiana. 28 Aprile 1957: la fondazione della Società Italiana di Nefrologia. *Giorn Ital Nefrol* 2000; 17: 63-68.

12. Anonymous. Renal Association. *Lancet* 1953; ii: 120-122.

13. Lewis AAG, Wolstenholme GEW (Eds). *Ciba foundation symposium on The Kidney in collaboration with the Renal Association*. Churchill, London, 1954

14. McCance's contribution in this field was enormous. His work, done together with Elsie Widdowson (1906-1999) not only produced the standard tables for composition of foods used world-wide, but they were responsible for designing the diet of the British nation during rationing in World War II.

15. Heptinstall RH. Acceptance of the 1999 Jean Hamburger award *Kidney Int* 1999; 56: 1991-1992.

16. This dialyser had an interesting history. It was taken to Paris from Alwall's unit in Lund, Sweden in 1952. The Necker unit ran it in their laboratory over the next two years with such little success that in 1955 Richet went to Merrill's unit and then after his return the Necker unit re-designed the Kolff-Brigham apparatus in Paris as the Usifroid version, which they then used clinically. The old Alwall dialyser was donated to the College of Surgeons in London by Hamburger.

17. Parsons FM. Origins of haemodialysis in the United Kingdom. *Br Med J* 1989; 299: 1557-1560. In this article, Parsons outlines the opposition to the introduction of dialysis for acute renal failure during the 1950s in Britain. Clearly the mainstream opinion in British medicine was that dialysis and its machines was not part of orthodox medicine - as opposed, perhaps, to surgery which may account in part for the prominent role urologists played in the introduction of haemodialysis in the United Kingdom. In some countries such as Italy and Japan, dialysis remained exclusively in surgical hands for 5 or more years after its introduction. See : Cameron JS. *Men, materials and ideas: haemodialysis in a historical context 1850-1970* (in press, 2000).

18. Richet G. A brief history of the International Society of Nephrology. *Kidney Int* 1989; 36: 938-940.

19. Black DAK, Rose GA, Brewer D. Controlled trial of trial of prednisone in adult patients with the nephrotic syndrome. *Br Med J* 1970; iii : 421-426. This trial *began* (in 1961) before the other trials in the 1960s published earlier, e.g. that in adult nephrotics in the South East of England by Sharpstone P, Ogg CS, Cameron JS. Nephrotic syndrome due to primary renal disease in adults II. Controlled trial of azathioprine and corticosteroids *Br Med J* 1969; ii: 535-539, or those in the childhood nephrotic syndrome: Barratt TM, Soothill JF. Controlled trial of cyclophosphamide in steroid-sensitive relapsing nephrotic syndrome of childhood. *Lancet* 1970; ii; 489-482. Abramowicz M *et al.* Controlled trial of azathioprine in children with nephrotic syndrome. *Lancet* 1970; i: 959-961.

The important message is that in the mid-1960s, many in the nephrological world realised at about the same time the power of the randomised controlled trial, 15 years after the publication of the first such trial in modern times (The MRC trial of streptomycin in tuberculosis, organised by Austin Bradford Hill (1897-1991) and Richard Doll (b.1912) and published in 1949).

20. During the 1960s papers on transplantation faded out at Association meetings. The London Transplant Group, an informal body, held regular meetings from about 1965 onwards, and finally in 1972 led to the founding of the British Transplantation Society.

21. Cameron MP Wolstenholme GEW (Eds) *Ciba foundation symposium on Renal Biopsy*. Churchill, London, 1961. For the role of this meeting in the history of nephrology *see*: Cameron JS, Hicks JA. The introduction of renal biopsy into nephrology from 1901 to 1961. A paradigm of the forming of nephrology by technology. *Am J Nephrol* 1997; 17: 347-358.

22. Ellis AE. Natural history of Bright's disease. Clinical, histological and experimental observations. *Lancet* 1942 i: 1-7, 34-36, 72-76. Ellis' over-simple classification can, with hindsight, be seen as step backwards. This paper nevertheless contain much clinical material of interest, for example an early description of what would now be called IgA nephropathy with recurrent haematuria – even though the classification as published took no account of this!

23. Drukker W. The founding of the EDTA: facts and lessons. *Nephrol Dial Transplant* 1989; 4: 401-407. Kerr DNS. EDTA to ERA. *Nephrol Dial Transplant* 1989; 4: 411-415.

24. *See* "From a correspondent" *Lancet* 1963; ii: 633 for a brief report of the meeting. Also Shaldon S. (ed) *Acute renal failure*. London, 1964.

25. It has proved impossible to find out who exactly was or were the prime movers in this action, or who suggested the name "*National Kidney Research Fund*". Apart from the registration document of 1961, the first occasion on which this name is used in the Association's records is much later, in November

1965. Prior to that, the many agenda items on the topic from 1963 onwards refer to “money for renal research” etc. Peter Mullen writes that the original title of the organisation was “National Renal Research Fund” and that he pleaded for the substitution of “Kidney”; however there is no record of a “NRRF” in the Association’s or the NKRF’s records. Immediately after its launch in 1966, there was confusion whether the money was to be raised for purchase of artificial kidneys, and the Association had to make a press release pointing out that the money was for research – a confusion which has continued in many areas to the present day.

26. Anonymous (Editorial). Profit and loss in intermittent haemodialysis. *Lancet* 1965; ii: 1058-1059.

*See also:* the several letters in reply to this provocative editorial, by Shaldon S, Comty C, Baillod R *ibid* 1965; ii: 1182-1183, Robson JS, *ibid* 1965; ii: 1183, Hall H *ibid*.1965; ii: 1183-4, Evans DB, Curtis JR, de Wardener HE *ibid* 1965; ii: 1245, Kerr DNS, Elliott W, Swinney J *ibid* 1965; ii:1245, Blagg CR, Parsons FM *ibid* 1965; ii: 1246, Eady RAJ *ibid* 1965; ii: 1246, Black DAK *ibid* 1965;ii: 1256-1246. This correspondence encapsulates well the frame of the then current debate on setting up long-term dialysis units.

*See also:* Anonymous. Progress in haemodialysis. *World Medicine* Jan 15 1966, 1: 19-24, editorial (Curtis JR) p.64; Challah S, Wing AJ, Bauer R, Morris RW, Schroeder SA. Negative selection of patients for dialysis and transplantation in the United Kingdom. *Br Med J* 1984; 288: 1119-1122; Halper T. *The misfortunes of others. End stage renal disease in the United Kingdom*. Cambridge University Press, Cambridge 1989; Stanton J. The cost of living: kidney dialysis, rationing and health economics in Britain, 1965-1996. *Soc Sci Med* 1999; 49: 1169-1182

All deal with this important topic which, however, lies outside the scope of the present article.

27. De Wardener HE. *The kidney*. Churchill, London, 1<sup>st</sup> edition 1956. The book ran to six editions, the last of which was in the 1980s.

28. Anonymous. Distribution of nephrological services for adults in Great Britain. Report of the Executive Committee of the Renal Association. *Br Med J* 1976; ii : 903-906.

29. *See* Halper (1989) and Stanton (1999) – details in reference 26.

30. Robson JS, Ferguson MH, Olbrich O, Stewart CP. The determination of the renal clearance of inulin in man. *Q J Exp Physiol* 1949; 35:111; *see also:* The renal determination of diodone and the maximal excretory capacity of diodone in man. *ibid*. 35:173. In the former paper Robson and his colleagues describe the use of single injection methods for the determination of the GFR in man, a technique rediscovered again, using radioisotopes or contrast media, 20 years later.

31. At that time the barriers to women progressing in medicine were much stronger than those (regrettably) still persisting today. Up until the end of the 1950s many authorities would not appoint married women at all, and although undoubtedly much progress has been made, it is sad to reflect that as we enter the 21<sup>st</sup> century still only 6% of consultant nephrologists in the UK are women - well below the national specialty average. It is impossible from the membership list of the Association to determine the proportion of women members.

32. The Renal Association had from the beginning members who were predominantly or exclusively in paediatric practice. Organised paediatric nephrology began in 1966 with the formation of the International Study of Kidney Disease in Children (ISKDC), yet again at the Ciba foundation building in London, by an international group led by Henry Barnett of New York. As a spin-off from this organisation, both the European (which had major British participation) and American societies of paediatric nephrology were formed the following year. In 1973 the dozen or so paediatric nephrologists in the United Kingdom formed the British Association of Paediatric Nephrology (BAPN), mainly with a view to forward planning of services for acute and chronic renal failure in children; most were members of the Renal Association. The Renal Association and the BAPN had an informal liaison to include paediatric presentations in the programmes well before the formal arrangement of 1982. Many paediatricians were members of the executive - at one time in the 1980s, 3 of only 8 members were paediatricians! As noted later, the President of the BAPN became and *ex officio* member of the Renal Association executive from 1991 onwards.

33. McGeown MG. Chronic renal failure in Northern Ireland 1968-70. A prospective survey. *Lancet* 1972; I : 307-310. In this survey a need for 40/million new places per year was envisaged. Again using contemporary criteria, a similar low figure was obtained in Scotland at the same time: *see* Pendreigh DM, Howitt LF, MacDougall AJ, Robson JS, Heasman MA, Kennedy AC, Macleod M, Stewart WK. Survey of chronic renal failure in Scotland. *Lancet* 1972 I : 304-307.

34. Joint working party on diabetic renal failure of the British Diabetic Association, the Renal Association, and the research unit of the Royal College of Physicians. (1) Renal failure in diabetics in the UK: deficient provision of care in 1985. *Diabetic Medicine* 1988; 5: 79-84. (2) Treatment and mortality of diabetic renal failure patients identified in the 1985 UK survey. *Br Med J* 1989; 299: 1135-1136.

35. Feest TG, Mistry CD, Grimes DS, Mallick NP. Incidence of advanced chronic renal failure and the need for end-stage renal replacement therapy. *Br Med J* 1990; 301: 897-900; McGeown MG. Prevalence of advanced renal failure in Northern Ireland. *Br Med J* 1990; 301: 900-903.

36. From the solitary professor of nephrology in the mid 1980s (myself), there are now - at last count - 15 professors of Renal Disease, 3 nephrological professors of medicine, and 2 nephrological Regius professors in the United Kingdom. Plus half a dozen professors emeritus.

37. The Renal Association working party. *Provision of services for adult patient with renal disease in the United Kingdom*. Renal Association, London, 1991. This important document noted the intake rate in 1990 for treatment for end-stage renal disease as 60.7/million total inhabitants/year, and recommended that this be increased to 80 pmp/y, the target which remained during the 1990s and was adopted by the Renal Review of England and Wales in 1995. Now, it appears that 100/pmp/y will be exceeded even by Caucasian populations in the UK, and that the incidence in South Asian and Caribbean communities (4% of the total population in 1991) is 3-4 times this.

38. The Renal Association. *Treatment of adult patients with renal failure. Recommended standards and audit measures*. Royal College of Physicians, London, 1995.

39. The Renal Association. *Treatment of adult patients with renal failure. Recommended standards and audit measures. 2<sup>nd</sup> Edition*. Royal College of Physicians, London, 1997.

40. Ansell D, Feest T. *First annual report. The UK Renal Registry*. No publisher given. 1998.

41. Ansell D, Feest T. *Second annual report. The UK Renal Registry*. No publisher given. 1999.